

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: VALKIRS et al.
Title: DIAGNOSTIC MARKERS OF
STROKE AND CEREBRAL INJURY
AND METHODS OF USE THEREOF
Prior Appl. No.: 10,371/149
Prior Appl.
Filing Date: 02/20/2003
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 990323001US (Express Mail Label Number)	September 26, 2003 (Date of Deposit)
Line Gauthier (Printed Name)	
<i>Line Gauthier</i> (Signature)	

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CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☐ Division ☒ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (126 pages).
- ☐ Informal drawings (sheets, Figures 1-).
- ☒ Application Data Sheet (37 CFR 1.76).



The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total	24	- 20	= 4	x \$18.00	= \$72.00
Claims:					
Independ	1	- 3	= 0	x \$84.00	= \$0.00
ents:					
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$952.00
[]				Small Entity Fees Apply (subtract 1/2 of above):	= \$0.00
				TOTAL FILING FEE:	= \$952.00

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date September 26, 2003

Respectfully submitted,

FOLEY & LARDNER
Customer Number: 30542

30542

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By

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